



United States Senator Barbara Boxer

PRIVACY ACT CONSENT FORM

The provisions of **Public Law 93-579** (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent.

Accordingly, I authorize the staff of Senator Barbara Boxer to access any and all of my records that relate to the problem stated below.

Signature: _____ Date: _____

To begin processing your case, please complete all of the following information:

Circle One: Mr. Mrs. Miss Ms. Date of Birth: _____
First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____

Please provide all information related to your case (attach more pages if necessary) :

Federal agency you need help with: _____
Social Security Number: _____
Alien Registration Number: _____
U.S. CIS Application Form Number: _____
Rank and Military Branch of Service: _____
Other (please be specific): _____

Briefly explain the problem you are having with a federal agency or the information desired*:

*Please forward relevant documents received by the federal agency with which you seek assistance.

Print and mail your completed form to Senator Barbara Boxer's San Francisco office at:

Attention: Casework
United States Senator Barbara Boxer
1700 Montgomery Street, Suite 240
San Francisco, CA 94111

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SUITE 240
SAN FRANCISCO, CA 94111
(415) 403-0100

312 NORTH SPRING STREET
SUITE 1748
LOS ANGELES, CA 90012
(213) 894-5000

501 'I' STREET
SUITE 7-600
SACRAMENTO, CA 95814
(916) 448-2787

1130 'O' STREET
SUITE 2450
FRESNO, CA 93721
(559) 497-5109

600 'B' STREET
SUITE 2240
SAN DIEGO, CA 92101
(619) 239-3884

201 NORTH 'E' STREET
SUITE 210
SAN BERNARDINO, CA 92401
(909) 888-8525